Section

JAN 05 2009

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 Washington, DC

TEMPORARY FORM D

1000 mm

1453616

OMB APPROVAL

Jumber: 3235-0076

OMB Number: Expires:

December 31, 2008

Estimated average burden

hours per response...... 4.0

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering ( check if this is an amendment and na Limited Partnership Interests	me has changed, and indicate change.)	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Type of Filing: ☐ New Filing ☐ Amendment	Rule 505 Rule 506 Section 4(6) ULOE	
	A. BASIC IDENTIFICATION DATA	09000316
1. Enter the information requested about the issuer		
Name of Issuer ( check if this is an amendment and name	has changed, and indicate change.)	
New Castle Partners (U.S.), L.P.		
Address of Executive Offices 237 Park Avenue, 8th Fl., New York, NY 10017	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) (212) 272-1630
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
		in highly liquid U.S. mid- to large- capitalization other (please specify):
	Month Year	
Actual or Estimated Date of Incorporation or Organization:		
Jurisdiction of Incorporation or Organization:	(Enter two letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction)	State: D E
GENERAL INSTRUCTIONS: Note: This is a special Ter CFR 239.500) only to issuers that file with the Commission a notice in paper format on or after September 15, 2008 but belinitial notice using Form D (17 CFR 239.500) but, if it does, comply with all the requirements of § 230.503T.  Federal:  Who Must File: All issuers making an offering of securities seq. or 15 U.S.C. 77d(6).  When to File: A notice must be filed no later than 15 days a Securities and Exchange Commission (SEC) on the earlier of address after the date on which it is due, on the date it was multiple to File: U.S. Securities and Exchange Commission, 1 Copies Required: Two (2) copies of this notice must be filed	the first sale of securities in the offering. A notice is the date it is received by the SEC at the address given by United States registered or certified mail to that 00 F Street, N.W., Washington, D.C. 20549.	processed  PROCESSED  ion 4(6), 17 CFR 230.501 et  s deemed filed with the U.S. below or, if received at that address.  THOMSON REUTER
must be a photocopy of the manually signed copy or bear typ	ed or printed signatures.	rany copies not manually signed

Filing Fee: There is no federal filing fee.

Part E and the Appendix need not be filed with the SEC.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying upon ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (9-08)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

l of 9

A. BASIC	IDENTIFIC.	ATION DATA
----------	------------	------------

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% of more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

					107.0
Check Box(es) that Apply:  Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	-
Full Name (Last name first, if individual) New Castle Holding, Inc.					
Business or Residence Address (Number 237 Park Avenue, 8th Fl., New York, NY		Cip Code)	, , , , , , , , , , , , , , , , , , , ,	-	
Check Box(es) that Apply:  Promoter	☐ Beneficial Owner	☑ Executive Officer*	Director	General and/or Managing Partner	<del>-</del>
Full Name (Last name first, if individual) Kurland, Mark A.					
Business or Residence Address (Number 237 Park Avenue, 8th Floor, New York, N	and Street, City, State, 2 Y 10017	Zip Code) .			
Check Box(es) that Apply:  Promoter	☐ Beneficial Owner	Executive Officer	☑ Director*	General and/or Managing Partner	
Full Name (Last name first, if individual) Reitzes, Robert S.					
Business or Residence Address (Number 237 Park Avenue, 8th Floor, New York, N	and Street, City, State, 2 Y 10017	Zip Code)			
Check Box(es) that Apply:  Promoter	Beneficial Owner	Exècutive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if individual)	- 1.				
Business or Residence Address (Number	and Street, City, State, 2	Zip Code)			
Check Box(es) that Apply:  Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if individual)	<del></del>				<del></del>
Business or Residence Address (Number	and Street, City, State, 2	Zip Code)			· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if individual)	• • • • • • • • • • • • • • • • • • • •				· · · · · · · · · · · · · · · · · · ·
Business or Residence Address (Number	and Street, City, State, 2	Zip Code)			
Check Box(es) that Apply:  Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner	<del></del>
Full Name (Last name first, if individual)			,		
Business or Residence Address (Number	and Street, City, State, 2	Zip Code)			
	(Use blank sheet, or o	copy and use additional c	opies of this sh	neet, as necessary)	<u></u>

<sup>\*</sup> of the General Partner

	B. INFORMATION ABOUT OFFERING					
1,	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes	No ⊠			
2.	What is the minimum investment that will be accepted from any individual?  * subject to modifications at the discretion of the General Partner	\$ <u>1,00</u>	\$ <u>1,000,000</u>			
3.	Does the offering permit joint ownership of a single unit?	Yes ⊠	No □			
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.					
Ful	Name (Last name first, if individual)					
	rold K. Cohen					
	siness or Residence Address (Number and Street, City, State, Zip Code)					
	E. 42 <sup>rd</sup> Street, 31 <sup>st</sup> Floor, Suite 3112, New York, New York, 10165					
Nar	me of Associated Broker or Dealer					
	C Securities, Inc.					
	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers  Check "All States" or check individual States)	HI MS OR WY	All States  ID  MO  PA  X  PR			
Ful	ll Name (Last name first, if individual)		_			
_	ad Goldner		<u> </u>			
Bus	siness or Residence Address (Number and Street, City, State, Zip Code)					
<u>425</u>	50 Veteran Memorial Highway, 4th floor, Holbrook, NY 11741					
Nai	me of Associated Broker or Dealer					
_	nerican Portfolio Advisors, Inc.	<del>.</del>				
	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)					
	AL AK AZ AR CA CO CT DE DC FL GA  IL IN IA KS KY LA ME MD MA MI MN  MT NE NV NH NJ X NM NY X NC ND OH OK  RI SC SD TN TX UT VT VA WA WV WI	HI MS OR WY	ID MO PA PR			
Full Name (Last name first, if individual)						
Bear Stearns & Co.						
Business or Residence Address (Number and Street, City, State, Zip Code)						
383 Madison Avenue, New York, NY 10179  Name of Associated Broker or Dealer						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers						
	(Check "All States" or check individual States)					
	AL         AK         AZ         AR         CA         CO         CT         DE         DC         FL         GA           IL         IN         IA         KS         KY         LA         ME         MD         MA         MI         MN           MT         NE         NV         NH         NJ         NM         NY         NC         ND         OH         OK           RI         SC         SD         TN         TX         UT         VT         VA         WA         WV         WI	MS OR WY	MO PA PR			

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	Type of Security	Aggregate Offering Price		Amount Aiready Sold
	Debt	\$	_	\$
	Equity	\$	_	\$
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$	_	\$
	Partnership Interests	\$500,000,000	_	\$147,092,029
	Other (Specify)	\$	_	\$
	Total	\$500,000,000	_	\$ <u>147,092,029</u>
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	64	_	\$ <u>147,092,029</u>
	Non-accredited Investors		_	\$
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.		_	<del>_</del>
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Torrest		Dellas America
	Type of offering	Type of Security		Dollar Amount Sold
	Rule 505		_	\$
	Regulation A		_	\$
	Rule 504		_	\$
	Total			\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees.			\$
	Printing and Engraving Costs			\$
	Legal Fees		$\boxtimes$	\$ <u>10,000</u>
	Accounting Fees	***************************************		\$
	Engineering Fees	***************************************		\$
	Sales Commissions (specify finders' fees separately)			s
	Other Expenses (identify)			\$
	Total	***************************************	Ø	\$10,000

	C. OFFER	RING PRICE, NUMBER OF INVESTORS, EXPENSES	S AND USE OF PROCEEDS	
	and total expenses furnished in response	gregate offering price given in response to Part C - Ques e to Part C - Question 4.a. This difference is the "adjusted	d gross	\$499,990,000
5.	each of the purposes shown. If the a	ted gross proceeds to the issuer used or proposed to be us mount for any purpose is not known, furnish an estima t. The total of the payments listed must equal the adjusted use to Part C - Question 4.b above.	te and	
			Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees		🛛 \$	s
	Purchase of real estate		s	□ \$
	Purchase, rental or leasing and instant and equipment	tallation of machinery	s	s
	Construction or leasing of plant bu	ildings and facilities		s
	offering that may be used in excha	ncluding the value of securities involved in this inge for the assets or securities of another	П.	Пе
				. U \$
	Other (specify): <u>Investments</u>	· · · · · · · · · · · · · · · · · · ·	<b>▼ 3</b> 499,990,000	. 🗆 ೨
	<del></del> -		<del></del>	
			\$	. 🗆 s
	Column Totals:		<b>★</b> \$499,990,000	
	Total Payments Listed (column tot	als added)		<u>00</u>
_		D. FEDERAL SIGNATURE		
<u> </u>	· · · · · · · · · · · · · · · · · · ·		··	<u></u> }
sig	nature constitutes an undertaking by	to be signed by the undersigned duly authorized per- the issuer to furnish to the U.S. Securities and E any non-accredited invalor pursuant to paragraph	Exchange Commission, upon wi	Rule 505, the following ritten request of its staff,
lss	uer (Print or Type)	Signature	Date	
Ne	w Castle Partners (U.S.), L.P.		12/26/	, ⊗ <b>/</b>
	me of Signer (Print or Type)	Title of Signer (Print or Type)	1, 5, 6/	
Ca	rald Cummins	Authorized Person		
Ge	ard Cummins	Authorized Person		
		d by the Company to the Investment Advisor, depending of	on the net asset value of the Shares	and income generated; such
tees	s are not calculable at this time.			
		·		
		<del></del>		
	Intentional misst	ATTENTION atements or omissions of fact constitute federal crimins	al violations. (See 18 IJ.S.C. 1001.)	

